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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826984 (7)
1. Corporation Name
WERTHEIM & CO. INCORPORATED



Principal Place of Business: 787 SEVENTH AVE, 6TH FL TAX. DEPT, NEW YORK NY 10019-6016, US

Mailing Address: 787 SEVENTH AVE, 6TH FL TAX. DEPT, NEW YORK NY 10019-6018, US

3. Date Incorporated or Qualified: 11/05/1971
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: [Redacted]

2a. Mailing Address: [Redacted]

22. Suite Apt # etc.: [Redacted]

27. Suite, Apt. #, etc.: [Redacted]

23. City & State: [Redacted]

28. City & State: [Redacted]

24. Zip: [Redacted] 25. Country: [Redacted]

29. Zip: [Redacted] 30. Country: [Redacted]

4. FEI Number: 13-2697317
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name: [Redacted]

82. Street Address (P.O. Box Number is Not Acceptable): [Redacted]

83. [Redacted]

84. City: [Redacted] 85. Zip Code: FL [Redacted]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Redacted] (NOTE: Registered Agent's signature required when reinstating) DATE: [Redacted]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: HARMON, JAMES A. STREET ADDRESS: 43 KETTLE CRK RD CITY-ST-ZIP: WESTON CT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: Director/President 1.2 NAME: Steven Kotler 1.3 STREET ADDRESS: 885 Park Avenue #8B 1.4 CITY-ST-ZIP: New York, NY 10021
TITLE: STD	NAME: BORRUSO, PATRICK STREET ADDRESS: 164 DUNHAM CORNER RD. CITY-ST-ZIP: E. BRUNSWICK NJ	<input type="checkbox"/> DELETE	2.1 TITLE: [Redacted] 2.2 NAME: [Redacted] 2.3 STREET ADDRESS: [Redacted] 2.4 CITY-ST-ZIP: [Redacted]
TITLE: V	NAME: JEDEKIN, EDWIN E STREET ADDRESS: 195A HERITAGE HILLS CITY-ST-ZIP: SOMERS NY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Vice President 3.2 NAME: Michael A. Casciato 3.3 STREET ADDRESS: 10 Talbot Place 3.4 CITY-ST-ZIP: Huntington Station, NY 11746
TITLE: D	NAME: KOTLER, STEVEN STREET ADDRESS: 885 PARK AVE. #8B CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Director 4.2 NAME: Joseph R. Wekselblatt 4.3 STREET ADDRESS: 10 Selfrey Lane 4.4 CITY-ST-ZIP: Great Neck, NY 11020
TITLE: [Redacted]	NAME: [Redacted] STREET ADDRESS: [Redacted] CITY-ST-ZIP: [Redacted]	<input type="checkbox"/> DELETE	5.1 TITLE: [Redacted] 5.2 NAME: [Redacted] 5.3 STREET ADDRESS: [Redacted] 5.4 CITY-ST-ZIP: [Redacted]
TITLE: [Redacted]	NAME: [Redacted] STREET ADDRESS: [Redacted] CITY-ST-ZIP: [Redacted]	<input type="checkbox"/> DELETE	6.1 TITLE: [Redacted] 6.2 NAME: [Redacted] 6.3 STREET ADDRESS: [Redacted] 6.4 CITY-ST-ZIP: [Redacted]

81. Name: [Redacted]

82. Street Address (P.O. Box Number is Not Acceptable): [Redacted]

83. [Redacted]

84. City: [Redacted] 85. Zip Code: FL [Redacted]

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [Redacted Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 01 1997

CR2E034 (9/96)